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| 000FORM PTO-1390 U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE<br>REV. 2/01T  |   | <b>CUSTOMER NO. 22,852</b><br><b>ATTORNEY'S DOCKET NUMBER</b><br><b>07810.0119-00</b>       |  |
| <b>TRANSMITTAL LETTER TO THE UNITED STATES<br/>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br/>CONCERNING A FILING UNDER 35 U.S.C. 371</b>       |   | <b>U.S. APPLICATION NO.</b><br><small>(If known, see 37CFR1.5)</small><br><b>10/531 257</b> |  |
| <b>INTERNATIONAL APPLICATION NO.</b>  | <b>INTERNATIONAL FILING DATE</b>  | <b>PRIORITY DATE CLAIMED</b>  |  |
| PCT/US2003/039883   | December 15, 2003   | December 16, 2002   |  |
| <b>TITLE OF INVENTION:</b> FINE PLATY KAOLIN COMPOSITION  |   |   |  |
| <b>APPLICANT(S) FOR DO/EO/US:</b><br>Robert PRUETT, Jun YUAN, Bomi BILIMORIA, Roger W. WYGANT, and Anthony V. LYONS                       |   |   |  |
| <b>Applicant(s) herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:</b> |   |   |  |
| 1.  | <input checked="" type="checkbox"/> This is a <b>FIRST</b> submission of items concerning a filing under 35 U.S.C 371.  |   |  |
| 2.  | <input type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a filing under 35 U.S.C. 371.  |   |  |
| 3.  | <input checked="" type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (21) indicated below.   |   |  |
| 4.  | <input type="checkbox"/> The US has been elected by the expiration of 19 months from the priority date (Article 31).  |   |  |
| 5.  | <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371 (c)(2)).<br>a. <input checked="" type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau).<br>b. <input type="checkbox"/> has been communicated by the International Bureau.<br>c. <input type="checkbox"/> is not required, as the application was filed with the United States Receiving Office (RO/US).  |   |  |
| 6.  | <input type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371 (c)(2)).<br>a. <input type="checkbox"/> is attached hereto.<br>b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154 (d)(4).  |   |  |
| 7.  | <input type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371 (c)(3)).<br>a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau).<br>b. <input type="checkbox"/> have been communicated by the International Bureau.<br>c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.<br>d. <input type="checkbox"/> have not been made and will not be made. |   |  |
| 8.  | <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371 (c)(3)).   |   |  |
| 9.  | <input type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371 (c)(4)).  |   |  |
| 10.   | <input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371 (c)(5)).  |   |  |
| <b>Items 11 to 20 below concern document(s) or information included:</b>  |   |   |  |
| 11.   | <input type="checkbox"/> Information Disclosure Statement under 37 CFR 1.97 and 1.98  |   |  |
| 12.   | <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.  |   |  |
| 13.   | <input type="checkbox"/> A <b>FIRST</b> preliminary amendment.  |   |  |
| 14.   | <input type="checkbox"/> A <b>SECOND</b> or <b>SUBSEQUENT</b> preliminary amendment.  |   |  |
| 15.   | <input type="checkbox"/> A Substitute specification.  |   |  |
| 16.   | <input type="checkbox"/> A change of power of attorney and/or address letter.   |   |  |
| 17.   | <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 35 U.S.C. 1.821-1.825.  |   |  |
| 18.   | <input type="checkbox"/> A second copy of the published international application under 35 U.S.C. 154 (d)(4).   |   |  |
| 19.   | <input type="checkbox"/> A second copy of the English language translation of the international application 35 U.S.C. 154 (d)(4).   |   |  |
| 20.   | <input checked="" type="checkbox"/> Other items or information:<br>a. <input checked="" type="checkbox"/> Copy of cover page of International Publication No. WO 2004/061014 A1<br>b. <input type="checkbox"/> Copy of Notification of Missing Requirements.<br>c. <input type="checkbox"/>   |   |  |

| U.S. APPLICATION NO. (If known, see 37CFR 1.5)<br><b>10/531257</b>   | INTERNATIONAL APPLICATION NO.<br>PCT/US2003/039883 | ATTORNEY'S DOCKET NUMBER<br>07810.0119-00                                  |   |                 |                                |          |                                     |          |   |  |            |  |              |              |  |      |    |   |  |                    |        |              |              |      |              |    |        |                            |                    |   |      |                           |   |  |  |                     |  |  |  |  |             |  |  |  |                   |  |  |            |  |  |                             |  |  |             |  |  |                              |  |  |             |  |  |
|--|--|--|---|-----------------|--------------------------------|----------|-------------------------------------|----------|---|--|------------|--|--------------|--------------|--|------|----|---|--|--------------------|--------|--------------|--------------|------|--------------|----|--------|----------------------------|--------------------|---|------|---------------------------|---|--|--|---------------------|--|--|--|--|-------------|--|--|--|-------------------|--|--|------------|--|--|-----------------------------|--|--|-------------|--|--|------------------------------|--|--|-------------|--|--|
| <p>21. <input checked="" type="checkbox"/> The following fees are submitted:</p> <table> <tr> <td><b>BASIC NATIONAL FEE (37 CFR 1.492 (a) (1) - (5)):</b></td> <td><b>\$300.00</b></td> </tr> <tr> <td>National Stage Search Fee.....</td> <td>\$500.00</td> </tr> <tr> <td>National Stage Examination Fee.....</td> <td>\$200.00</td> </tr> <tr> <td colspan="2" style="text-align: right;"><b>ENTER APPROPRIATE BASIC FEE AMOUNT =</b></td> </tr> <tr> <td colspan="2" style="text-align: right;">\$1,000.00</td> </tr> </table> <p><input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.</p> <table> <thead> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Number of additional 50 or fraction thereof (rounded up to a whole number)</th> <th>Rate</th> </tr> </thead> <tbody> <tr> <td>38</td> <td>0</td> <td></td> <td>x 250.00      \$ 0</td> </tr> </tbody> </table> <p>Surcharge of \$130.00 for furnishing the oath or declaration later than months from the earliest claimed priority date (37 CFR 1.492 (e)). <input type="checkbox"/> 20    <input type="checkbox"/> 30    \$</p> <table> <thead> <tr> <th>CLAIMS</th> <th>NUMBER FILED</th> <th>NUMBER EXTRA</th> <th>RATE</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>55</td> <td>- 20 =</td> <td>x \$50.00      \$ 1,750.00</td> </tr> <tr> <td>Independent Claims</td> <td>7</td> <td>-3 =</td> <td>x \$200.00      \$ 600.00</td> </tr> <tr> <td colspan="3">MULTIPLE DEPENDENT CLAIM(S) (if applicable)</td> <td>+\$360.00      \$ 0</td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>TOTAL OF THE ABOVE CALCULATIONS =</b></td> </tr> <tr> <td colspan="4" style="text-align: right;">\$ 3,350.00</td> </tr> </tbody> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by ½.    \$</p> <table> <tr> <td colspan="3" style="text-align: right;"><b>SUBTOTAL =</b></td> </tr> <tr> <td colspan="3" style="text-align: right;">\$3,350.00</td> </tr> </table> <p>Processing fee of \$130.00 for furnishing the English translation later than months from the earliest priority date (37 CFR 1.492(f)). <input type="checkbox"/> 20    <input type="checkbox"/> 30    \$</p> <table> <tr> <td colspan="3" style="text-align: right;"><b>TOTAL NATIONAL FEE =</b></td> </tr> <tr> <td colspan="3" style="text-align: right;">\$ 3,350.00</td> </tr> </table> <p>Fee for recording the enclosed assignment (37 CFR 1.21 (h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property. + \$</p> <table> <tr> <td colspan="3" style="text-align: right;"><b>TOTAL FEES ENCLOSED =</b></td> </tr> <tr> <td colspan="3" style="text-align: right;">\$ 3,350.00</td> </tr> </table> <p>Amount to be refunded: \$<br/>charged: \$</p> <p>a. <input checked="" type="checkbox"/> A check in the amount of \$ <u>3,350.00</u> to cover the above fees is enclosed.<br/> b. <input type="checkbox"/> Please charge my Deposit Account No. _____ in the amount of \$ _____ to cover the above fees. A duplicate copy of this sheet is enclosed.<br/> c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>06-0916</u>. A duplicate copy of this sheet is enclosed.<br/> d. <input type="checkbox"/> Fees are to be charged to a credit card. <b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137 (a) or (b)) must be filed and granted to restore the application to pending status.</p> <p><b>SEND ALL CORRESPONDENCE TO:</b><br/> Finnegan, Henderson, Farabow, Garrett &amp; Dunner, L.L.P.<br/> 901 New York Avenue, NW<br/> Washington, D.C. 20001-4413</p> <p><u>Michele C. Bosch</u><br/> SIGNATURE<br/> Michele C. Bosch, Reg. No. 40,524<br/> NAME/REGISTRATION NO.</p> <p>DATED: April 13, 2005</p> |  |  | <b>BASIC NATIONAL FEE (37 CFR 1.492 (a) (1) - (5)):</b> | <b>\$300.00</b> | National Stage Search Fee..... | \$500.00 | National Stage Examination Fee..... | \$200.00 | <b>ENTER APPROPRIATE BASIC FEE AMOUNT =</b> |  | \$1,000.00 |  | Total Sheets | Extra Sheets | Number of additional 50 or fraction thereof (rounded up to a whole number) | Rate | 38 | 0 |  | x 250.00      \$ 0 | CLAIMS | NUMBER FILED | NUMBER EXTRA | RATE | Total Claims | 55 | - 20 = | x \$50.00      \$ 1,750.00 | Independent Claims | 7 | -3 = | x \$200.00      \$ 600.00 | MULTIPLE DEPENDENT CLAIM(S) (if applicable) |  |  | +\$360.00      \$ 0 | <b>TOTAL OF THE ABOVE CALCULATIONS =</b> |  |  |  | \$ 3,350.00 |  |  |  | <b>SUBTOTAL =</b> |  |  | \$3,350.00 |  |  | <b>TOTAL NATIONAL FEE =</b> |  |  | \$ 3,350.00 |  |  | <b>TOTAL FEES ENCLOSED =</b> |  |  | \$ 3,350.00 |  |  |
| <b>BASIC NATIONAL FEE (37 CFR 1.492 (a) (1) - (5)):</b>  | <b>\$300.00</b>                                    |  |   |                 |                                |          |                                     |          |   |  |            |  |              |              |  |      |    |   |  |                    |        |              |              |      |              |    |        |                            |                    |   |      |                           |   |  |  |                     |  |  |  |  |             |  |  |  |                   |  |  |            |  |  |                             |  |  |             |  |  |                              |  |  |             |  |  |
| National Stage Search Fee.....   | \$500.00   |  |   |                 |                                |          |                                     |          |   |  |            |  |              |              |  |      |    |   |  |                    |        |              |              |      |              |    |        |                            |                    |   |      |                           |   |  |  |                     |  |  |  |  |             |  |  |  |                   |  |  |            |  |  |                             |  |  |             |  |  |                              |  |  |             |  |  |
| National Stage Examination Fee.....  | \$200.00   |  |   |                 |                                |          |                                     |          |   |  |            |  |              |              |  |      |    |   |  |                    |        |              |              |      |              |    |        |                            |                    |   |      |                           |   |  |  |                     |  |  |  |  |             |  |  |  |                   |  |  |            |  |  |                             |  |  |             |  |  |                              |  |  |             |  |  |
| <b>ENTER APPROPRIATE BASIC FEE AMOUNT =</b>  |  |  |   |                 |                                |          |                                     |          |   |  |            |  |              |              |  |      |    |   |  |                    |        |              |              |      |              |    |        |                            |                    |   |      |                           |   |  |  |                     |  |  |  |  |             |  |  |  |                   |  |  |            |  |  |                             |  |  |             |  |  |                              |  |  |             |  |  |
| \$1,000.00   |  |  |   |                 |                                |          |                                     |          |   |  |            |  |              |              |  |      |    |   |  |                    |        |              |              |      |              |    |        |                            |                    |   |      |                           |   |  |  |                     |  |  |  |  |             |  |  |  |                   |  |  |            |  |  |                             |  |  |             |  |  |                              |  |  |             |  |  |
| Total Sheets   | Extra Sheets                                       | Number of additional 50 or fraction thereof (rounded up to a whole number) | Rate  |                 |                                |          |                                     |          |   |  |            |  |              |              |  |      |    |   |  |                    |        |              |              |      |              |    |        |                            |                    |   |      |                           |   |  |  |                     |  |  |  |  |             |  |  |  |                   |  |  |            |  |  |                             |  |  |             |  |  |                              |  |  |             |  |  |
| 38   | 0  |  | x 250.00      \$ 0                                      |                 |                                |          |                                     |          |   |  |            |  |              |              |  |      |    |   |  |                    |        |              |              |      |              |    |        |                            |                    |   |      |                           |   |  |  |                     |  |  |  |  |             |  |  |  |                   |  |  |            |  |  |                             |  |  |             |  |  |                              |  |  |             |  |  |
| CLAIMS   | NUMBER FILED                                       | NUMBER EXTRA   | RATE  |                 |                                |          |                                     |          |   |  |            |  |              |              |  |      |    |   |  |                    |        |              |              |      |              |    |        |                            |                    |   |      |                           |   |  |  |                     |  |  |  |  |             |  |  |  |                   |  |  |            |  |  |                             |  |  |             |  |  |                              |  |  |             |  |  |
| Total Claims   | 55   | - 20 =   | x \$50.00      \$ 1,750.00                              |                 |                                |          |                                     |          |   |  |            |  |              |              |  |      |    |   |  |                    |        |              |              |      |              |    |        |                            |                    |   |      |                           |   |  |  |                     |  |  |  |  |             |  |  |  |                   |  |  |            |  |  |                             |  |  |             |  |  |                              |  |  |             |  |  |
| Independent Claims   | 7  | -3 =   | x \$200.00      \$ 600.00                               |                 |                                |          |                                     |          |   |  |            |  |              |              |  |      |    |   |  |                    |        |              |              |      |              |    |        |                            |                    |   |      |                           |   |  |  |                     |  |  |  |  |             |  |  |  |                   |  |  |            |  |  |                             |  |  |             |  |  |                              |  |  |             |  |  |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable)  |  |  | +\$360.00      \$ 0                                     |                 |                                |          |                                     |          |   |  |            |  |              |              |  |      |    |   |  |                    |        |              |              |      |              |    |        |                            |                    |   |      |                           |   |  |  |                     |  |  |  |  |             |  |  |  |                   |  |  |            |  |  |                             |  |  |             |  |  |                              |  |  |             |  |  |
| <b>TOTAL OF THE ABOVE CALCULATIONS =</b>   |  |  |   |                 |                                |          |                                     |          |   |  |            |  |              |              |  |      |    |   |  |                    |        |              |              |      |              |    |        |                            |                    |   |      |                           |   |  |  |                     |  |  |  |  |             |  |  |  |                   |  |  |            |  |  |                             |  |  |             |  |  |                              |  |  |             |  |  |
| \$ 3,350.00  |  |  |   |                 |                                |          |                                     |          |   |  |            |  |              |              |  |      |    |   |  |                    |        |              |              |      |              |    |        |                            |                    |   |      |                           |   |  |  |                     |  |  |  |  |             |  |  |  |                   |  |  |            |  |  |                             |  |  |             |  |  |                              |  |  |             |  |  |
| <b>SUBTOTAL =</b>  |  |  |   |                 |                                |          |                                     |          |   |  |            |  |              |              |  |      |    |   |  |                    |        |              |              |      |              |    |        |                            |                    |   |      |                           |   |  |  |                     |  |  |  |  |             |  |  |  |                   |  |  |            |  |  |                             |  |  |             |  |  |                              |  |  |             |  |  |
| \$3,350.00   |  |  |   |                 |                                |          |                                     |          |   |  |            |  |              |              |  |      |    |   |  |                    |        |              |              |      |              |    |        |                            |                    |   |      |                           |   |  |  |                     |  |  |  |  |             |  |  |  |                   |  |  |            |  |  |                             |  |  |             |  |  |                              |  |  |             |  |  |
| <b>TOTAL NATIONAL FEE =</b>  |  |  |   |                 |                                |          |                                     |          |   |  |            |  |              |              |  |      |    |   |  |                    |        |              |              |      |              |    |        |                            |                    |   |      |                           |   |  |  |                     |  |  |  |  |             |  |  |  |                   |  |  |            |  |  |                             |  |  |             |  |  |                              |  |  |             |  |  |
| \$ 3,350.00  |  |  |   |                 |                                |          |                                     |          |   |  |            |  |              |              |  |      |    |   |  |                    |        |              |              |      |              |    |        |                            |                    |   |      |                           |   |  |  |                     |  |  |  |  |             |  |  |  |                   |  |  |            |  |  |                             |  |  |             |  |  |                              |  |  |             |  |  |
| <b>TOTAL FEES ENCLOSED =</b>   |  |  |   |                 |                                |          |                                     |          |   |  |            |  |              |              |  |      |    |   |  |                    |        |              |              |      |              |    |        |                            |                    |   |      |                           |   |  |  |                     |  |  |  |  |             |  |  |  |                   |  |  |            |  |  |                             |  |  |             |  |  |                              |  |  |             |  |  |
| \$ 3,350.00  |  |  |   |                 |                                |          |                                     |          |   |  |            |  |              |              |  |      |    |   |  |                    |        |              |              |      |              |    |        |                            |                    |   |      |                           |   |  |  |                     |  |  |  |  |             |  |  |  |                   |  |  |            |  |  |                             |  |  |             |  |  |                              |  |  |             |  |  |